

Attachment X: Reentry Demonstration Initiative Implementation Plan

Draft – Submitted August 16, 2024

Introduction:

On April 19, 2024, the Centers for Medicare & Medicaid Services (CMS) approved Massachusetts' request to amend its Section 1115(a) demonstration "MassHealth Medicaid and Children's Health Insurance Plan (CHIP) Section 1115 Demonstration" (hereinafter "the Demonstration" or "the Reentry Demonstration") to provide coverage for certain pre-release services furnished to MassHealth-eligible incarcerated individuals for up to 90 days immediately prior to their expected dates of release.¹

MassHealth Medicaid and CHIP Section 1115 Demonstration Special Terms and Conditions (STC) 22.9² requires Massachusetts to submit a Reentry Demonstration Initiative Implementation Plan (hereinafter "Implementation Plan"). The following Implementation Plan details Massachusetts' approach for meeting the five milestones outlined in STC 22.9 and additional considerations articulated in the CMS State Medicaid Director (SMD) Letter# 23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated."³

The Implementation Plan is organized around the following five Reentry Section 1115 Demonstration milestones:

1. Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.
2. Milestone 2: Covering and ensuring access to the expected minimum set of pre-release services for individuals who are incarcerated, to improve care transitions upon return to the community.
3. Milestone 3: Promoting continuity of care.
4. Milestone 4: Connecting to services available post-release to meet the needs of the reentering population.
5. Milestone 5: Ensuring cross-system collaboration.

For each milestone, the Implementation Plan describes (1) a summary of how the State already meets any expectations and specific activities related to each milestone, (2) anticipated challenges and any mitigation strategies the State will advance to address them, and (3) planned actions to be completed by the State to meet all the expectations for each milestone, including the persons or entities responsible for completing these actions and the timelines and activities the State will undertake to achieve the milestone.

Additionally, MassHealth recognizes the statutory requirements in the Consolidated Appropriations Act, 2023 (CAA, 2023) (P.L 117-328), which was signed into law on December 29, 2022.⁴ In parallel to planning for the implementation of the Reentry Demonstration, MassHealth is developing guidance for facilities to assist with the implementation of the required coverage described in section 5121 of the CAA, 2023. As correctional facilities go live with the delivery of services under the Demonstration, MassHealth intends to subsume the CAA case management and screening and diagnostic service requirements into the provision of the demonstration pre-release services in those facilities.

Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

STC 22.9(a). The state must describe its plans to fully effectuate, no later than two years from approval of the expenditure authority, a state policy to identify Medicaid and CHIP eligible individuals or individuals who would be eligible for CHIP, except for their incarceration status, and suspend a beneficiary's eligibility or benefits during incarceration. It must describe its processes to undertake robust outreach to ensure beneficiary and applicant awareness of the policy and assist individuals with Medicaid and CHIP application, enrollment, and renewal processes. Additionally, the state must describe how it will notify individuals of any Medicaid and CHIP eligibility determinations or actions. Other aspects to be included in the Implementation Plan related to this milestone include the state's plan to make available a Medicaid and CHIP and/or managed care plan identification number or card to an individual, as applicable, upon release; and establish processes to allow and assist all individuals who are incarcerated at a participating facility to access and complete a Medicaid and CHIP application, including providing information about where to complete the Medicaid and CHIP application for another state (e.g., relevant state Medicaid agency website) if the individual will be moving to a different state upon release.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
--	-------------------------

1.a. Implement a State policy for a suspension strategy during incarceration (or implement an alternative proposal to ensure that only allowable benefits are covered and paid for during incarceration while ensuring coverage and payment of full benefits as soon as possible upon release), with up to a two-year glide path to fully effectuate.

	<p>Current state:</p> <ul style="list-style-type: none"> • Per State law, MassHealth has an existing suspension process in place for incarcerated individuals. The Massachusetts legislative directive to suspend was included in the Fiscal Year 2015 State Budget, Section 227⁵. • The suspension process is currently operationalized as follows: When MassHealth is informed that an individual enters a jail, county correctional facility, or Department of Corrections (DOC) facility, MassHealth suspends their eligibility in its eligibility systems by moving them into a special aid category for incarcerated individuals. This aid category allows payment only for inpatient hospitalizations lasting longer than 24 hours. When individuals are suspended, they are also disenrolled from their Managed Care Entity (MCE) (also referred to as “managed care plan” or “health plan”). • Upon release, individuals are moved back into a community benefit aid category, and full coverage is restored. To promote continuity of care and ensure that an individual’s benefit is active on the day of their release, this process may begin 30 days before an individual’s release date. If the individual chooses an MCE, they are manually enrolled in the health plan of their choice, prospective to the day of release. If they do not choose a health plan, their managed care assignment follows existing MassHealth policy (non-dual-eligible, under-65 members are auto-assigned to an MCE after a 14-day plan selection period; dual eligible members are not assigned but can choose to select an MCE). • Additionally, MassHealth provides coverage to individuals upon entry to Department of Youth Services (DYS) care and/or custody, and until they are discharged from DYS care and/or custody. During this time, DYS provides medical services to youth who are incarcerated in a DYS facility. • The processes described above are effectuated via data exchange processes between MassHealth Enrollment Centers (MECs) and administrative staff in carceral settings. The exact form and frequency of these data exchanges differ by the type of carceral setting and are specified by data-sharing agreements in place with the county correctional facilities, Department of Correction (DOC), and DYS. The DOC data-sharing agreement requires that information on new individuals in custody and releases be shared
--	---

	<p>weekly; for county correctional facilities, the frequency of data sharing varies, and information may be shared on a daily or weekly basis. Data is exchanged via a secure file exchange platform.</p>
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth will be updating its existing suspension processes to implement pre-release coverage of approved services. • MassHealth is in the process of outlining the system changes required to its eligibility systems (HIX and MA-21) and payment systems (MMIS) to ensure that an individual's coverage includes the authorized pre-release services 90 days prior to release. (System changes: targeting H1 2026) • While system changes are being built, MassHealth will pursue manual processes effectuated by a dedicated team of Eligibility workers (BERS) at its Charlestown MassHealth Enrollment Center. The Charlestown team is an existing small team that specializes in eligibility for incarcerated individuals; MassHealth plans to expand the size of this team to absorb the required manual processes until the full system goes live. (Manual processes go live: targeting Q3 2025) • System and process changes will also include the implementation of 12 months of continuous eligibility for members releasing from carceral settings. Continuous eligibility will be effective on the date of release, and further the demonstration goals of increased coverage and continuity of care. (Manual process go live: targeting Q3 2025) • MassHealth is also revising its data-sharing processes with DOC & county correctional facility partners. Anticipated release information from DOC & county corrections will be shared with MassHealth earlier and with a more regular frequency. Instead of 30 days prior to release, release dates will be shared prior to the 90-day release period. Furthermore, file sharing will be standardized on set timelines for DOC and county correctional facilities. Increased regularity of file sharing with county corrections is critical because these facilities house the majority of Massachusetts' pre-trial population, which often has very short-term stays. MassHealth is in the process of revising its data-sharing agreements with county correctional facilities & DOC and

	<p>plans for amendments to be made to these agreements. (Timeline: targeting Q1 2025)</p> <ul style="list-style-type: none"> • Similar to the current state process, full coverage will be restored to those eligible immediately upon release across both county corrections & DOC facilities. (Timeline: ongoing) • To promote continuity of care, MassHealth is evaluating changing the timeline for when incarcerated members are re-enrolled in MCEs. Earlier enrollment into managed care plans could allow pre-release case managers to make appointments with community providers that will be in-network for the member’s health plan post-release, thereby minimizing the disruption that may occur if a member needs to switch providers because of their managed care plan’s network. <ul style="list-style-type: none"> ○ As stated above, today, members are re-enrolled in a managed care plan upon release. In implementing this demonstration, MassHealth is exploring re-enrolling members in the MCE of their choice upon activation of their pre-release coverage, 90 days prior to their release. Like today, members will be given the opportunity to select a specific health plan. ○ MassHealth is currently evaluating the system changes needed to implement this change and, if this policy is pursued, expects them to be live alongside other planned system changes (Timeline: targeting H1 2026).
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: MassHealth will be asking facilities to share more data and to share data at an increased frequency. <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth has existing data-sharing agreements in place with DOC & county corrections departments. MassHealth will revise these data-sharing agreements far in advance of the implementation of the first-wave sites (e.g., revisions in Fall 2024 for initial launch in July 2025) to allow for sufficient ramp-up and testing of new data exchange processes. • Challenge: Release dates are changeable, and often unknown (especially for the pre-trial population). This fact makes it difficult for MassHealth to time the re-activation of full community benefits with release dates.

	<ul style="list-style-type: none"> ○ Mitigation Approach: In addition to standardized data-sharing, MassHealth will implement and strengthen processes to allow for rapid communication between carceral facility staff and eligibility workers. These communication lines can be used to alert eligibility workers of an individual who was released prior to their expected release date and needs immediate re-activation of their full community benefit. As previously mentioned, MassHealth has a dedicated team of eligibility workers who specialize in coverage for incarcerated individuals, and this team has a unit focused specifically on managing communications with correctional facilities. MassHealth plans to assess the staffing levels of this team ahead of the implementation of the Demonstration to ensure that facilities can reach MassHealth to report unanticipated releases promptly. Additionally, since many pre-trial members are released from courts, MassHealth is working closely with the Commissioner of Probation, within the Office of the Trial Court, on identifying methods by which post-release touchpoints may be leveraged to meet with individuals to confirm MassHealth eligibility. In 2023, Probation began a pilot where Probation staff could train as Certified Application Counselors (CACs) to assist members to apply for or renew their MassHealth coverage. MassHealth is discussing methods by which this program may be expanded, potentially with capacity-building funds, if appropriate. ● Challenge: The changeability/unpredictability of release dates makes it difficult to know when incarcerated individuals are within 90 days of release to start pre-release services. <ul style="list-style-type: none"> ○ Mitigation Approach: MassHealth proposes to use a statewide average approach for providing pre-release services. The rationale behind this approach is that as long as the statewide average length of time that pre-release services are provided is less than 90 days, it is not necessary to pause or re-set the pre-release “90-day clock” in the case that a release date shifts. MassHealth believes that utilizing an average length of stay approach is the best way to maintain continuity of care for members and meet the core goals of the Demonstration. This proposal would apply to both the pre-trial and
--	---

	<p>sentenced populations, and would be operationalized as follows:</p> <ul style="list-style-type: none"> ▪ MassHealth will begin to cover pre-release services for pre-trial members immediately upon notification of their incarceration. MassHealth will continue to cover these services through the member's release, regardless of individual length of stay. ▪ MassHealth will begin to cover pre-release services for all sentenced members 90 days prior to the member's release date as identified by the facility, considering anticipated earned and good time. These services will continue through the member's release, even if the release date shifts. ▪ MassHealth will track the days that each member receives pre-release services and the total number of members receiving such services and report the average number of days that a member receives pre-release services to CMS every 6 months. If the average number of days is equal to or fewer than 90 each quarter, MassHealth will continue to rely on this method of averages. ▪ Given that 86% of the pre-trial members in Massachusetts had a length of stay of fewer than 90 days and release dates for the sentenced population are far more predictable, MassHealth is confident that the average number of days that a member receives pre-release services under the Demonstration will be fewer than 90 days.
<p>1.b. Ensure that any Medicaid-eligible person who is incarcerated at a participating facility but not yet enrolled is afforded the opportunity to apply for Medicaid in the most feasible and efficient manner and is offered assistance with the Medicaid application process in accordance with 42 CFR § 435.906</p>	<p>Current State:</p> <ul style="list-style-type: none"> • Carceral settings in Massachusetts already have processes in place to support individuals applying for Medicaid. Across carceral settings, when an individual enters the facility, the facility checks their insurance coverage as part of the intake process. All adult correctional facilities currently have access to MassHealth's Eligibility Verification System (EVS), which allows them to check whether an individual has active MassHealth coverage. • If an incarcerated adult does not have MassHealth, the facility will help them apply. Facility intake staff, case managers, or reentry staff may assist with applications, and the timing of when an

<p>and § 435.908. This could include applications online, by telephone, in person, or via mail or common electronic means in accordance with 42 CFR § 435.907. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.</p>	<p>application is submitted varies across facilities. Some facilities begin assistance with applications immediately upon intake, particularly for the pre-trial population with anticipated short-term stays. Other facilities, including all DOC facilities, submit applications when an individual is either (a) 30 days pre-release, or (b) requires inpatient services. Applications are currently submitted via mail or fax.</p> <ul style="list-style-type: none"> • Today, every adult correctional facility (DOC & county corrections) in the Commonwealth has at least one Certified Application Counselor on-site to assist individuals with completing applications and to coordinate with MassHealth. As previously mentioned, MassHealth has a dedicated “Outreach Unit” of eligibility workers at the Charlestown Enrollment Center who communicate with these Application Counselors regarding individual member cases via phone and email. • For individuals enrolled in MassHealth, coverage is suspended according to the processes described in Section 1.a. During the period of their incarceration, the correctional facility is listed as the member’s address and notices are sent to the facility. Facilities are expected to provide notices to members in a timely manner and to allow members to access modes of communication to respond to MassHealth notices when necessary. Many correctional facility CACs submit Permission to Share Information (PSI) along with application materials so that they also can receive notices on behalf of the member. When the member returns to the community, MassHealth and the facility work together to update the address on file and send notices to that address. • When notices are sent to incarcerated members, MassHealth alerts them to their right to a Fair Hearing to dispute the eligibility decision. Members are permitted to attend Fair Hearings remotely. • As previously mentioned, all youth who enter DYS care and/or custody are provided MassHealth coverage until they are discharged from DYS care and/or custody.
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth will continue to provide access to EVS so that facilities can identify individuals who are not enrolled in Medicaid

	<p>and support them in completing an application (Timeline: ongoing)</p> <ul style="list-style-type: none"> • MassHealth will work with county correctional facilities & DOC to strengthen and standardize existing processes around MassHealth applications. In its forthcoming Policy & Operations Guide, MassHealth will issue guidance for the period in which facilities should screen individuals for existing MassHealth coverage and assist them in completing an application (with differing timelines/expectations for short-term stay pre-trial vs. sentenced individuals). This guidance will include requirements that carceral facilities support Medicaid applications as close to intake as possible, to ensure that applications are submitted for individuals with short-term stays. (Timeline: targeting Q4 2024) <ul style="list-style-type: none"> ○ To support this process, MassHealth will make available Capacity Building Funds that facilities can use to implement any needed process changes to fully support Medicaid applications prior to release. For example, facilities may use Capacity Building Funds to train or hire additional CACs. • MassHealth currently holds regular education and training opportunities for all its Certified Application Counselors through the Massachusetts Health Care Training Forum (MTF), a monthly workgroup on eligibility & application topics. MassHealth will host specific MTF sessions focused on training for facility CACs. (Timeline: ongoing) • MassHealth will continue to allow incarcerated members to attend Fair Hearings remotely. As part of the readiness review and its ongoing training of carceral facility-based CACs, MassHealth will educate CACs on the Fair Hearings processes for individuals who wish to dispute a MassHealth decision. MassHealth will work to ensure that all correctional partners are equipped with the technology to support a member appearing remotely at a Fair Hearing if so desired (and explore Capacity Building Funds to support). MassHealth will also accept incarceration as a valid reason to reschedule a Fair Hearing if necessary. (Timeline: ongoing)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: The average length of incarceration for the pre-trial population is short, so a MassHealth application may not be submitted or approved in time for MassHealth to provide pre-release services for this population.

	<ul style="list-style-type: none"> ○ Mitigation approach: The most important way to mitigate this challenge is to encourage facilities to promptly screen individuals for insurance coverage and submit MassHealth applications for those without coverage. As previously referenced, MassHealth will issue guidance in its Policy & Operations Guide to specify the time period in which facilities should screen individuals for health insurance and support new applications. These timelines will differ for short-term stays. • Challenge: If MassHealth applications received for individuals in carceral settings are incomplete or filled out incorrectly, this lack of necessary information causes administrative back-and-forth between the MassHealth Enrollment Center workers and the Certified Application Counselors at the correctional facilities, which can delay processing of the application and activating coverage. <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth will make Capacity Building Funds available to facilities that wish to strengthen their application processes with additional training. In addition, as previously referenced, MassHealth will leverage the Massachusetts Health Care Training Forum (MTF) to educate facility CACs. MassHealth will dedicate certain MTF sessions to topics for correctional facilities; this will give correctional partners an opportunity to raise common issues with the MassHealth application process and to collaboratively create solutions with MassHealth. • Challenge: In the case that a member requests a Fair Hearing, carceral facilities may not have the technology or processes to allow a member to attend their Fair Hearing remotely. <ul style="list-style-type: none"> ○ Mitigation Approach: If necessary, MassHealth will make Capacity Building Funds available to facilities that need to add technology/processes to support incarcerated members appearing remotely at Fair Hearings.
<p>1.c. Ensure that all individuals at a participating facility who were enrolled in Medicaid prior to their incarceration are offered</p>	<p>Current State:</p> <ul style="list-style-type: none"> • As previously mentioned, while a member is incarcerated, relevant eligibility determinations and notices are sent to the designated facility address on file for the member.

<p>assistance with the Medicaid renewal or redetermination process requirements in accordance with 42 CFR § 435.908 and § 435.916. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.</p>	<ul style="list-style-type: none"> Facilities are expected to provide this information to individuals in a prompt manner and to give them access to the necessary modalities to respond if necessary. Currently, facilities vary in the level of support that they provide to members in interpreting and responding to eligibility information. <p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> In implementation of this Demonstration, MassHealth will require that participating facilities offer assistance to incarcerated members in responding to eligibility-related information, including their annual renewals. This requirement will be laid out in the Policy & Operations Guide that MassHealth will publish for correctional facilities. (Timeline: Q4 2024) <ul style="list-style-type: none"> MassHealth may make available capacity-building funds to facilities to implement and/or strengthen processes to support members with renewals. MassHealth intends to facilitate renewals for incarcerated individuals on an <i>ex parte</i> basis to the greatest extent possible. This will minimize the need for individuals to respond to renewal forms while incarcerated. (Timeline: Q3 2025) To facilitate <i>ex parte</i> renewals for this population, MassHealth will utilize existing federal verification rules and sub-regulatory guidance. Specifically, updating its verification plan where necessary, MassHealth will: <ul style="list-style-type: none"> Assume no change in income or assets for incarcerated members, and Use State data sources, including data sharing agreements with state-run carceral settings, to verify residence and incarceration status. As part of its review, MassHealth will check to ensure the following data remains accurate: (1) that the individual is a resident of Massachusetts, (2) that the individual is incarcerated, and (3) that the individual is not deceased. To execute the approach described above, MassHealth will use data from State correctional facilities. This data is acquired via the data exchange processes between MassHealth and DOC / Sheriffs, as described in Section 1.a. <ul style="list-style-type: none"> In implementing this approach, MassHealth intends to add this data source to its State Verification plan (Timeline: Q3 2025)
---	--

	<ul style="list-style-type: none"> • When <i>ex parte</i> renewal is not possible, a renewal form will be sent to the facility for completion by the member. As described above, facilities will be expected to provide the renewal package to the members in a timely fashion and support them in completing the required forms, and MassHealth may make available capacity-building funds in order to support these processes.
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: The <i>ex parte</i> approach described above requires system changes in order to do automated verifications (Timeline: H1 2026) <ul style="list-style-type: none"> ○ Mitigation approach: While system updates are being built, MassHealth will perform manual verifications. As previously discussed, MassHealth plans to increase the size of the team of eligibility workers (BERS) who specialize in the incarcerated population. MassHealth will utilize this larger team in order to execute manual processes. • Challenge: It may be difficult for incarcerated individuals who are not renewed <i>ex parte</i> to complete the necessary renewal paperwork while incarcerated (e.g., because of the challenges of collecting financial information while living in a carceral setting). <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth will require correctional facility staff to assist members in completing annual renewals, when applicable. These requirements will be laid out in the Policy & Operations Guide which MassHealth is targeting for publication in Q4 2024. As part of the readiness review, MassHealth will also require facilities to attest that they are ready to assist members with renewals. • Challenge: When a member is released into the community, MassHealth may require additional information from the individual if an <i>ex parte</i> renewal is unsuccessful or due to a change in circumstance, such as their community address and new household composition. <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth is committed to collecting the member information needed for an accurate eligibility determination while minimizing administrative burdens for members and facility staff and not requiring a new application. Therefore, MassHealth is

	<p>creating a unique, short-format change-of-circumstances form to collect essential information. It will be as short as possible and collect the minimum information required (e.g., income, community address) for an updated eligibility determination. These forms will be processed manually by MassHealth, and MassHealth will work with facilities to maintain member coverage.</p> <ul style="list-style-type: none"> • Challenge: It can be difficult for incarcerated members to receive mail, and therefore be informed of eligibility determinations made during their incarceration. <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth will require that carceral facilities provide renewal and redetermination materials that arrive via mail to individuals promptly.
<p>1.d. Implement a State requirement to ensure that all Medicaid-enrolled individuals who are incarcerated at a participating facility have Medicaid and/or managed care plan cards or some other Medicaid and/or managed care enrollment documentation (e.g., identification number, digital documentation, instructions on how to print a card) provided to the individual upon release, along with information on how to use their coverage (coordinated with the requirements under milestone #3 below).</p>	<p>Current State:</p> <ul style="list-style-type: none"> • <u>MassHealth ID Cards:</u> MassHealth currently makes MassHealth ID cards available electronically via its member portal (MyServices). When a member's coverage is re-activated, they retain the same MassHealth ID number that they had prior to entering the carceral facility, so their original MassHealth ID card is still valid. When coverage is re-activated, this also triggers the mailing of a replacement MassHealth ID card to their community address. • <u>Managed care entity (MCE) cards:</u> As described in Section 1.a., members who have been suspended are allowed to select an MCE prior to release or are auto-assigned an MCE according to existing MassHealth policy. During their plan selection period, these members are mailed an Enrollment Package and information on how to choose a managed care plan based on their community address. A managed care entity card is sent to their community address once they make a selection or are auto-assigned.
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • <u>MassHealth ID cards:</u> MassHealth will continue to provide electronic benefit cards via MyServices. As part of the Readiness Review, MassHealth will ensure that facilities are aware of this option for accessing cards and will provide guidance, consistent with state and federal privacy requirements, on how facility-based CACs can assist members in accessing their electronic

	<p>cards. In addition, MassHealth seeks to implement a new step in its eligibility process to ensure that members have replacement ID cards in hand at release. Upon activation of a member's pre-release coverage, eligibility workers will be instructed to request a replacement MassHealth ID card, sent to the facility's address. This would be in addition to the MassHealth ID card sent to the member's community address upon release (Timeline: targeting Q3 2025)</p> <ul style="list-style-type: none"> ○ MassHealth will provide further guidance to carceral facilities and case managers in the Policy & Operations Guide regarding expectations for ensuring that individuals have access to Medicaid documentation, including their benefits card, during the reentry planning and handoff process. (Timeline: targeting Q4 2024) ● <u>Managed care entity (MCE) cards</u>: MassHealth is currently working with its MCEs to ensure that managed care entity cards are provided to members in a timely fashion (Timeline: ongoing) <p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> ● Challenge: There may be cases in which a member has such a short stay that there is not sufficient time for a new MassHealth ID card to be mailed to the facility before the member is released. <ul style="list-style-type: none"> ○ Mitigation Approach: As mentioned above, MassHealth makes virtual member ID cards available through the MyServices portal. If members have access to an electronic device while incarcerated (a tablet, for example), they may access this portal. MassHealth will provide guidance, consistent with state and federal privacy requirements, on how facility CACs can assist members in accessing the portal in its forthcoming Policy & Operations Guide. Members also have the option to call the MassHealth customer service center and order a new ID card either through the self-service feature or by speaking to a representative.
<p>1.e. Establish processes to allow and assist all individuals who are incarcerated at a participating facility to access and complete a</p>	<p>Current State:</p> <ul style="list-style-type: none"> ● As described in Section 1.b., Massachusetts has existing processes in place to ensure that incarcerated individuals are afforded the opportunity to apply for Massachusetts Medicaid. The details and timing of processes vary across facilities, and applications for

<p>Medicaid application, including providing information about where to complete the Medicaid application for another State (e.g., relevant State Medicaid agency website, if the individual will be moving to a different State upon release).</p>	<p>MassHealth are submitted via mail or fax. In the implementation of this demonstration, MassHealth will strengthen and standardize existing processes.</p> <ul style="list-style-type: none"> • This process differs for releasing individuals moving out of state. A handful of facilities in Massachusetts assist individuals with applying for out-of-state Medicaid. However, this is not currently standard practice across facilities.
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • In implementing this Reentry Demonstration, MassHealth will require all participating correctional facilities to assist members intending to move to another state with Medicaid applications. This guidance will be required in the Policy & Operations Guide, expected to be published in Q4 2024. At a minimum, facilities will be required to provide individuals with information on where to complete a Medicaid application for another State. As previously mentioned, MassHealth will make Capacity Building Funds available to facilities that need to implement or strengthen their application support processes. (Timeline: targeting Q4 2024) • MassHealth will leverage the experience of carceral settings that already support out-of-state applications and share best practices. For example, MassHealth intends to publish resources for carceral facilities on how to support out-of-state Medicaid applications. These resources will include Medicaid application links and agency contact information for the most common out-of-state moves (e.g., Connecticut, Maine, Vermont, New Hampshire), as well as information such as which states permit applications pre-release and whether coverage is retroactive. (Timeline: targeting Q1 2025)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: Application processes, forms, and timelines differ significantly from state to state. It is very time intensive for facility staff to familiarize themselves with this wide, diverse set of requirements to assist individuals applying out-of-state (e.g., one facility described “hours of Googling”). <ul style="list-style-type: none"> ○ Mitigation Approach: As mentioned above, MassHealth intends to publish resources for carceral facilities on how to support out-of-state Medicaid applications.

Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.

STC 22.9(b). The state must detail how the Medicaid agency and the carceral facilities will ensure that beneficiaries can access the pre-release benefit package, as clinically appropriate. The state must describe its approach and plans for implementing processes to ensure that all pre-release service providers, as appropriate for the provider type, have the necessary experience and training, and case managers know of (or means to obtain information about) community-based providers in the communities where individuals will be returning upon release

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
<p>2.a. Implement State processes to identify individuals who are incarcerated who qualify for pre-release services under the State’s proposed demonstration design (e.g., by chronic condition, incarceration in a participating facility).</p>	<p>Current State:</p> <ul style="list-style-type: none"> As described in Section 1.a., MassHealth suspends eligibility via data exchange processes between MassHealth Enrollment Centers (MECs) and administrative staff in carceral settings. Facilities provide healthcare services to incarcerated individuals, but service offerings vary across facilities. Generally, all facilities conduct a clinical assessment by correctional healthcare staff to determine appropriate healthcare services and medication needs. Facilities are responsible for fulfilling medication orders as determined to be clinically necessary.
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> To qualify for pre-release services, individuals must meet the definition of an inmate of a public institution, as specified in 42 CFR 435.1010, and be incarcerated in a state prison, county jail, house of correction, or youth correctional facility as defined in STC 22.4. MassHealth and facilities will offer pre-release services to all qualifying individuals who are incarcerated in a facility that has met the readiness requirements, described in more detail in Section 5.a. There are no clinical or other needs-based requirements for qualifying for pre-release services. The expectation is that correctional facilities will screen for MassHealth eligibility to identify who among their population is eligible or enrolled in MassHealth at the point of entry into the facility. (Timeline: targeting Q2 2025)

	<ul style="list-style-type: none"> • Prior to launch, facilities will need to meet readiness requirements for providing access to pre-release services to qualifying individuals, as outlined in the Policy & Operations Guide. Services will be offered to all qualifying individuals, and member receipt of services will require the member to opt in. (Timeline: targeting Q2 2025) • Capacity-Building Funds may be used to support facilities' development of materials that communicate the availability of pre-release services, including case management, to incarcerated individuals. (Timeline: Ongoing) <p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: Facilities and MassHealth may face challenges in supporting individuals' engagement in pre-release services. <ul style="list-style-type: none"> ○ Mitigation Approach: Facilities will work with existing and new case management service providers to encourage individuals' engagement and opt-in to pre-release services, through education and information sharing and will document the parts of the care plans that individuals do and do not accept. MassHealth will work with facility partners to understand pre-release service uptake rates and any variance in engagement rates across facilities. Facilities may change or enhance their case management approach as needed based on the engagement rates.
<p>2.b. Cover and ensure access to the minimum short-term, pre-release benefit package, including case management to assess and address physical and behavioral health needs and HRSN, MAT services for all types of SUD as clinically appropriate with accompanying counseling, and a 30-day supply of medication (as clinically appropriate based on the medication dispensed and the</p>	<p>Current State:</p> <p>Some services covered under the STCs are currently provided by facilities and/or their contracted healthcare vendors such as laboratory and radiology services; other examples are described below. The bullets below describe examples of services facilities are currently providing:</p> <p>Case Management</p> <ul style="list-style-type: none"> • Currently, facilities are providing case management services but there are some variations of these services as described in Section 2.c. <p>Medication-Assisted Treatment (MAT)</p> <ul style="list-style-type: none"> • Currently, any psychosocial services and biological products delivered in conjunction with MAT for Opioid Use Disorders (OUD), Alcohol Use Disorder (AUD), and/or Non-Opioid Substance Use Disorders are provided directly by a facility or via a

<p>indication) provided to the beneficiary immediately upon release, to Medicaid-eligible individuals identified as participating in the Reentry Section 1115 Demonstration Opportunity. In addition, the State should specify any additional pre-release services that the State proposes to cover for beneficiaries.</p>	<p>contractor. Currently, the majority of county correctional facilities are certified Opioid Treatment Programs (OTPs), and all Department of Corrections (DOC) facilities are OTPs. Of the facilities providing MAT/Medications for Opioid Use Disorder (MOUD), all are continuing treatment for individuals who arrive on medication, once staff verify the community prescription, for both the sentenced and pre-trial population. Certified OTP facilities are inducing sentenced individuals, per facility procedures, but facility procedures are not standardized for individuals with a pre-trial status. Facilities also vary in procedures for continuing MAT treatment upon release. MAT is currently being provided at some DYS facilities if a youth has an existing prescription.</p> <ul style="list-style-type: none"> • While some facilities may provide MAT services today, as described above, the re-entry demonstration will enhance, expand, and augment this service for qualifying individuals. <p>Medications and Medication Administration</p> <ul style="list-style-type: none"> • The Commonwealth’s county correctional facilities and DOC facilities do not have pharmacies on-site; they have stock medications filled by either the State Office for Pharmacy Services (SOPS) or a vendor and dispense medications on-site. All DOC facilities and most county correctional facilities primarily fulfill prescription medication orders through SOPS. Nearly half of all facilities utilize a vendor, in addition to SOPS, to fulfill over-the-counter medications (OTC). <p>Future State: Planned Activities and Associated Timeline</p> <p>MassHealth is planning several approaches to support facilities with the provision of the pre-release services specified in STC Attachment W. This includes the following:</p> <ul style="list-style-type: none"> • MassHealth will provide guidance to facilities for case management, MAT, medications and prescriptions, physical and behavioral health consultations, laboratory services, radiology services, and durable medical equipment. Guidance will reference the STC requirements and note that pre-release services must be delivered in accordance with the STCs and MassHealth's Policy & Operations Guide. These guidance documents will also include information from existing MassHealth programs and regulations that are relevant to the provision of these services in facilities. In general, MassHealth will have similar requirements for facility
--	--

	<p>provision of services as currently exist for community providers of similar services, although the difference in providing services in correctional facilities may require some adjustments. MassHealth will review all guidance recommendations set forth in the Policy & Operations Guide with county correctional facilities, DOC, DYS, and Parole and Probation partners to ensure alignment. (Timeline: targeting Q4 2024)</p> <ul style="list-style-type: none"> • MassHealth aims to provide centralized training and development resources for providers delivering pre-release services to meet care standards. This may include providing training on case management services for this population for in-house and vendor providers and facilitating clinical training from experts on MAT provision and standards. (Timeline: TBD) • MassHealth intends to work closely with facilities to develop reporting and billing tools that provide the needed information for claiming, care management, and monitoring while minimizing the administrative and cost burden on facilities. (Timeline: targeting Q2 2025) <p>In addition, MassHealth will set the following parameters for provider enrollment and Readiness Assessments that must be completed prior to facilities going live:</p> <p>Correctional Provider Enrollment</p> <ul style="list-style-type: none"> • MassHealth will require that all participating county correctional, DOC facilities, and DYS enroll as MassHealth providers. Correctional facility-based providers who are authorized to order, refer, or prescribe services and medications will be required to enroll in MassHealth and meet applicable State requirements. MassHealth will conduct routine oversight and monitoring of prescribers' ordering and prescribing activities. (Timeline: targeting Q2 2025) <p>Readiness Assessments</p> <ul style="list-style-type: none"> • MassHealth will provide a Policy & Operations Guide that includes provider enrollment processes and pre-release service guidelines, among other information, to assist facilities. MassHealth may consider the use of Capacity Building Funds to support these activities. (Timeline: targeting Q4 2024) • As required by the Reentry Demonstration STCs, MassHealth will require all participating correctional facilities to demonstrate their readiness to deliver pre-release services, before go-live; further
--	--

	<p>description can be found in Section 5.a. Facilities must be ready to provide the required pre-release services by their requested go-live date. (Timeline: targeting Q2 2025)</p> <p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> Challenge: Facilities have different, non-claims billing processes, and are not accustomed to Medicaid billing. In addition, some facilities work with multiple vendors for healthcare provision, which further complicates the billing and reporting process. <ul style="list-style-type: none"> Mitigation: MassHealth will work with facilities to implement a claims process to be scaled across facilities. MassHealth intends to provide technical assistance to facilities on this claims process and reporting and to provide detailed written documentation on how to report the provision of services. MassHealth anticipates using capacity-building funds to support the development of an administratively simple financial process across facilities. Challenge: MassHealth recognizes the additional challenges of obtaining and transporting medications from the State Office of Pharmacy Services (SOPs) to the county correctional facilities and DOC from the wholesaler and understands that timely on-site medication access and availability is crucial to ensure medications in hand upon release. <ul style="list-style-type: none"> Mitigation: MassHealth will work with correctional partners to establish new processes to ensure a supply of medications in hand upon release. Challenge: For individuals with short-term stays, or who do not have a scheduled release date, providing the pre-release benefit package is more challenging. <ul style="list-style-type: none"> Mitigation: To mitigate these challenges, MassHealth intends to provide clinical guidance requiring facilities to conduct clinical assessments and plans for needed medications (including MAT as appropriate) within a short time frame from the date of incarceration, so all members have a plan for medications early in their incarceration period. Clinical guidance will also set time frames for when care management assessments and other pre-release services need to be offered. Discussed further under challenges identified in Sections 3.b. and 4.d., MassHealth will work with Probation and Parole to identify and support members post-release who were released unexpectedly from a Correctional Facility with connection to post-release case management and other post-release services.
--	--

<p>2.c. Develop State processes to ensure care managers have knowledge of community-</p>	<p>Current State:</p> <ul style="list-style-type: none"> • Case management processes vary across facilities. MassHealth provides case management supports to certain incarcerated

based providers in communities where individuals will be returning upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.

individuals in certain adult correctional facilities through Behavioral Health for Justice Involved Individuals (BH-JI) at all state cost. Once released, these individuals will often receive community supports from a Community Support Program for Justice Involved Individual (CSP-JI) provider. CSP-JI is provided to FFS and managed care enrollees to address the health-related social needs of Individuals with Justice Involvement who have a barrier to accessing or consistently utilizing medical and behavioral health services. CSP-JI includes behavioral health and community tenure sustainment supports.

- In addition, county corrections, DOC, and DYS facilities have some other case management supports in place. Reentry planning and case management services generally begin months before release and vary according to many factors, such as a person's HRSNs. Within county correctional facilities, reentry case management support varies based on facility, population, and incarceration status (lock-up, pre-trial, or sentenced).
- While some facilities may provide similar services today, the re-entry demonstration will enhance, expand, and augment this service for qualifying individuals.

Future State: Planned Activities and Associated Timeline:

MassHealth expects to structure pre-release and post-release case management services as follows:

- MassHealth intends to have *pre-release case management services* provided by the facilities. Facilities will have the option to either provide the case management service in-house, or contract with a vendor to provide the case management service. MassHealth will provide clinical guidance on case management service requirements. Facilities will be required to attest to meeting those requirements through either an in-house service or vendor contract before going live under the demonstration. Facilities will be required to account for a member's intended post-release geography when creating post-release appointments. MassHealth intends to include other upcoming federal requirements for targeted case management under Section 5121 of CAA, 2023 in the Reentry guidance requirements.

MassHealth intends to support *post-release case management* through a few avenues described below, designed to provide flexibility for the pre-

	<p>release case manager and the facility to work with the post-release partner that best meets the member's needs.</p> <ol style="list-style-type: none"> 1. MassHealth plans to define a new 30-day post-release case management service that encompasses both the post-release case management defined under the waiver STCs, and the post-release case management requirements under the Consolidated Appropriations Act. These services will be defined and priced within existing regulations, and case management providers will be able to enroll in MassHealth to provide the 30-day post-release case management service. These providers will have arrangements with MCEs and will be expected to coordinate with the member's MCE if applicable. These providers will be expected to have knowledge of community-based providers to ensure continuity of coverage. 2. There may be MCEs that are ready and able to provide the 30-day post-release case management service directly. In those cases, pre-release case managers will work directly with MCEs to conduct the warm handoff. MCE case managers would be expected to have knowledge of community-based providers to ensure continuity of care. 3. A few facilities may provide post-release services in-house for members who intend to stay in the geographic area following release. MassHealth plans to explore post-release case management for facilities that have strong case management programs and can demonstrate ability to meet post-release case management requirements in their Readiness Assessment. Correctional facilities that provide post-release case management will be expected to have knowledge of community-based providers to ensure continuity of care. 4. Within youth carceral settings, DYS provides targeted case management (TCM) services to youth who are committed to DYS post-adjudication. TCM services provided include the major elements of the STC requirements. Youth continue to receive TCM until they are discharged from DYS care and custody. MassHealth and DYS will consider the extent to which these case management services may be expanded, if necessary. 5. There may be other instances of appropriate post-release case management identified by facilities or MassHealth, which meet the STC requirements and readiness requirements, such as engagement with community providers who can provide these services or engagement with other
--	---

	<p>care coordination providers who operate under different regulations or contracts. MassHealth will allow alternative models of post-release requirements, subject to these arrangements meeting the STCs, readiness requirements, and all other applicable requirements.</p> <p>(Timeline: targeting Q2 2025)</p>
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: For facilities that contract for case management services, there may be challenges with coordinating the assignment of individuals to case managers, and scheduling case management services quickly. Additionally, preparing/delivering services for individuals with unknown or abrupt release dates presents a significant challenge. Pre-trial members are frequently released unexpectedly, there is relatively short notice for Parole releases, and certain programming within some facilities can result in good-time credits toward reducing sentences, which can result in changes in release dates as well. This uncertainty leads to pre-release case managers not always having timely information on the individuals they are assigned to support. <ul style="list-style-type: none"> ○ Mitigation: MassHealth intends to provide capacity-building funds to expand the facilities' abilities to coordinate the case management assignment and follow-through. MassHealth will also work with correctional partners through existing forums to provide technical assistance and facilitate group learning on this topic. • Challenge: It may not be possible for facilities to provide the full pre-release service package for members with short stays, or members with pre-release dates announced with less than 90 days' notice. <ul style="list-style-type: none"> ○ Mitigation: For short term stays, the Policy & Operations Guide will lay out best practices for pre-release services based on the individual's length of stay. MassHealth will also ensure members have post-release dedicated case managers for the first 30 days after incarceration, who will be expected to engage with all members who opt in to the service, regardless of whether there was a full pre-release case management plan.

Milestone 3: Promoting continuity of care.

STC 22.9(c). The state must describe its process to ensure that beneficiaries receive a person-centered plan for coordination post-release to address health needs, including HRSN and LTSS, as applicable. The state must detail its plans and timeline for implementing state policies to provide or facilitate timely access to post-release medical supplies, equipment, medication, additional exams, or other post-release services to address the physical and behavioral health care needs identified during the case management assessment and the development of the person-centered care plan. The state must describe its processes for promoting and ensuring collaboration between case managers, providers of pre-release services, and providers of post-release services, to ensure that appropriate care coordination is taking place. As applicable, the state must also describe the planning or project activities to ensure that Medicaid and CHIP managed care plan contracts include requirements and processes for the transfer of relevant health information from the carceral facility, community-based providers, and/or state Medicaid agency to the managed care plan to support continuity and coordination of care post-release.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
3.a. Implement a state requirement that individuals who are incarcerated receive a person-centered care plan prior to release to address any physical and behavioral health needs, as well as HRSN and	Current State: <ul style="list-style-type: none">• Current services around person-centered care plans, physical and behavioral health needs as well as HRSN and LTSS support vary across correctional facilities. There is not a standard or uniform approach to case management across adult facilities. DYS provides targeted case management (TCM) services to post-adjudication youth who are committed to DYS until they are discharged from DYS care and custody.

<p>consideration for long-term services and supports (LTSS) needs that should be coordinated post-release, that were identified as part of pre-release care management activities and the development of the person-centered care plan.</p>	<p>Future State:</p> <ul style="list-style-type: none"> • Pre-release case management, including the development of a person-centered care plan, will be delivered in accordance with Attachment W by facility staff in the correctional facility, a contracted vendor, or a combination of these entities in the period up to 90 days prior to the expected date of release and post-release, as needed. Facilities will be encouraged to consider the strength of the warm handoff as well as community relations in decision-making around which entities will provide pre-release case management. The entity/providers that will be providing pre-release case management will be determined at the discretion of each correctional facility but must meet the criteria specified in the service descriptions in Attachment W and STC 22.8 and be assessed in the Readiness Review. (Timeline: targeting Q2 2025) • Pre-release case managers will play an integral role in supporting smooth reentry into the community by: <ol style="list-style-type: none"> 1. Assessing physical and behavioral health needs and HRSN, as indicated in STC 22.8. These assessments will inform what resources will be needed in the reentry period and from post-release case management. 2. Developing a person-centered care plan. 3. Facilitating warm hand-offs between the individual and post-release case management. 4. Setting up appointments with physical and behavioral health providers in the post-release period as appropriate (note that setting up appointments may be conducted by other providers); and connecting the individual to community service providers. As indicated in the STCs, the person-centered care plan should encompass all needs related to physical and behavioral health, and primary and specialty treatment to be provided either pre-release or post-release in the community. Additionally, the person-centered care plan should address social, educational, and other underlying needs, such as vocational services or employment. (Timeline: targeting Q2 2025) • As described in Section 2.c., there will be instances where the pre- and post-release case managers are different, and MassHealth expects the pre-release case managers will conduct the warm handoff to a post-release case manager. The pre-release case manager will be
---	---

	<p>expected to arrange appointments in the community for the individual and post-release providers. (Timeline: targeting Q2 2025)</p> <ul style="list-style-type: none"> MassHealth is in the process of working with facilities to structure the warm hand-off requirements. MassHealth intends to use the current warm handoff expectations in the BH-JI contracts as the model for warm handoffs for higher acuity members in facilities and to inform policy development of warm handoff requirements for other members. MassHealth intends for these warm hand-off requirements to apply to pre-release case managers for all members who opt for case management services. Pre-release case managers will need to hand off medical records and assessments as appropriate and permissible by law to the new 30-day post-release case management provider. MassHealth anticipates pre- and post-release requirements will be published in the Policy & Operations Guide. (Timeline: Targeting Q4 2024) <p>To support facilities in meeting these care management requirements:</p> <ul style="list-style-type: none"> MassHealth will detail pre-release care planning requirements and the warm hand-off process in the Policy & Operations Guide to share with correctional partners. (Timeline: Targeting Q4 2024) MassHealth will assess readiness for pre-release case management, including, warm hand-offs, data-sharing coordination, community supports coordination, and physical and behavioral provider referral capacity. (Timeline: Targeting Q2 2025) MassHealth will consider using capacity funds for facilities to fund data-sharing and security protocols with community partners to facilitate connections between pre-release case managers and community partners/post-release care managers, to the extent feasible and permissible by law. Currently, many BH-JI/CSP-JI providers have Memorandums of Understanding with correctional agencies regarding the sharing of information relating to member assessments, treatment and discharge plans. Correctional agencies may build upon these agreements or use them as templates for existing and/or new community provider relationships. (Timeline: Targeting Q2 2025)
--	--

	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: Primary care, specialty and behavioral healthcare staff capacity shortages persist in the Commonwealth and scheduling appointments in the post-release period may be challenging. <ul style="list-style-type: none"> ○ Mitigation: MassHealth will work closely with facilities and community providers to address identified barriers to making post-release appointments. MassHealth is considering the use of capacity-building funds for facilities to set up arrangements for community providers to in-reach to facilities for pre-release appointments, to the extent feasible and permissible by law, so members can have an established provider relationship in the post-release period. Additionally, MassHealth will develop plans to support facilities and community providers as further described in Section 4.a. As part of stakeholder engagement, MassHealth will provide trainings to facility staff and community providers on best practices to support post-release appointments. Furthermore, MassHealth will also host regular meetings with these groups to learn about barriers, challenges, and successes to better understand how to provide technical assistance to streamline processes and communication lines.
<p>3.b. Implement State policies to provide or facilitate timely access to any post-release health care items and services, including fills or refills of prescribed medications and medical supplies, equipment, appliances or additional exams, laboratory tests, diagnostic, family planning, or other services needed to address the physical and behavioral health care needs identified in the course of care management and the development of the</p>	<p>Current State:</p> <ul style="list-style-type: none"> • Some members may currently receive support in accessing post-release health care services through BH-JI and/or CSP-JI. Through BH-JI, reentry support includes assistance in making appointments with a primary care provider and, if needed, a clinician licensed to prescribe therapeutic medications, as well as with a licensed behavioral health clinician. Through CSP-JI, services include ensuring the member is linked to ongoing medication monitoring services and regular health maintenance, coordinating services and care, and providing members with education and training about behavioral health and substance use disorders and recovery. • A few of the Sheriffs across the Commonwealth have grant-funded or facility-funded positions that allow staff from the respective county correctional facilities to support individuals upon their return to the community, particularly within the immediate period after release to help pick up prescriptions at the pharmacy and provide transportation, as well as offer social service navigation support for a period of time. • In the DOC, Spectrum (substance use vendor staff) recovery support navigators schedule SUD appointments post-release and meet with

<p>person-centered care plan.</p>	<p>individuals in the community to assist with substance use-related reentry needs.</p>
	<p>Future State: Planned Activities and Associated Timelines</p> <ul style="list-style-type: none"> • MassHealth is planning on enhancing, expanding, and augmenting post-release case management options from the current state offerings. As described in the future state of Section 3.a., post-release case management providers will receive the warm handoff from the pre-release case manager. Following the warm handoff, the post-release case manager will follow up on appointments and community service connections that were made or need to be made, and services that were scheduled and need to be scheduled, and coordinate with the MCEs as applicable. (Timeline: Ongoing) • MassHealth and partners will leverage best practices of BH-JI/CSP-JI in providing timely access to services. For instance, post-release case managers will make every effort to meet the member in person on the day of release. Post-release case managers will adjust the level of support in accordance with a member's needs, including providing more intensive support during periods when the member's needs are more acute. Post-release case managers may attend necessary medical, behavioral health, and other appointments with the members as needed to assist with care planning, engagement in treatment, and fostering relationships with other providers. Post-release case managers may accompany the members to apply for benefits and community services and help them access social supports. (Timeline: Targeting Q2 2025) • MassHealth will work with facilities to adjust processes so members who leave facilities have at minimum a 30-day supply of all covered medications (including prescriptions and over-the-counter), as clinically appropriate, per STC 22.3. MassHealth intends to also require that facilities provide durable medical equipment and supplies as clinically appropriate immediately upon release as a condition of participation in the re-entry demonstration. MassHealth will work with facilities to set up processes to provide these services consistent with the STCs and provide detailed guidance in the Policy & Operations Guide. (Timeline: targeting Q2 2025)

	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: We anticipate that there will be challenges with providing care to members with short-term stays. These challenges will include time constraints preventing the delivery of the full suite of pre-release services as well as unexpected release dates. <ul style="list-style-type: none"> ○ Mitigation: MassHealth will provide facilities with a Policy & Operations Guide as mentioned in Section 2.b. This guidance will outline a short-term pre-release service delivery model and a schedule for facilities to use as a guide to understand how to adapt the model to their specific short-term stay scenarios. Additionally, MassHealth is working closely with the Commissioner of Probation on identifying methods by which post-release touchpoints may be leveraged to facilitate members connecting with services. Since many pre-trial members are released from courts, MassHealth is exploring the possibility of leveraging Probation and contracted staff to assist with ensuring appropriate referrals are made for members to post-release case management.
<p>3.c. Implement State processes to ensure, if applicable, that managed care plan contracts reflect clear requirements and processes for transfer of the member’s relevant health information for purposes of continuity of care (e.g., active prior authorizations, care management information, or other information) to another managed care plan or, if applicable, State Medicaid agency (e.g., if the beneficiary is moving to a region of the State served by a different managed care plan or to another State after release) to ensure continuity of coverage and care upon release</p>	<p>Current State:</p> <ul style="list-style-type: none"> • MassHealth does not currently have processes in place to transfer member eligibility and healthcare information from the facilities to MCEs. For members in BH-JI who will be transferring to CSP-JI post-release, providers are required to share the assessments, support plan, safety plan and disenrollment plan with MCEs when an individual has selected an MCE. Additionally, the providers should coordinate with MCEs to ensure transition to other providers as appropriate. MCEs are required to provide CSP-JI (and therefore contract with CSP-JI providers). <p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth plans to work with MCEs on care coordination of members upon re-entry. MassHealth is exploring options to provide MCEs with information about returning members, or members who have newly selected a managed care plan, as soon as possible prior to the release of the member. The MCE is not currently expected to provide care in the pre-release period but may set up systems to evaluate the member's needs and consider referral to a care coordination or care management program, as appropriate. (Timeline: targeting Q2 2025)

<p>(coordinated with the requirements under milestone #1 above).</p>	<ul style="list-style-type: none"> • MCEs have several care coordination programs that can offer support to members post-release. In addition, MassHealth will explore updating MCE contracts to: <ol style="list-style-type: none"> 1) Define how MCEs will be informed of a member who is enrolled in the MCE in the 90-day pre-release period, 2) Define MCE obligations for members who are in the pre-release period, such as sending out member cards. 3) Require MCEs to directly contract with providers of the new 30-day post-release case management service and incorporate their data into their own case management services. (Timeline: Targeting Q2 2025) • In addition, MassHealth may make additional adjustments to specific MCE contracts. Integrated Care contracts (including the Senior Care Option contracts and One Care contracts) may be updated to include expectations that care coordinators work directly with facilities to conduct post-release case management following a member's release. ACO and MCO contracts may be updated to require MCEs to consider a member's recent former incarceration in their risk stratification process to determine eligibility for enhanced care coordination. (Timeline: Targeting Q2 2025) • MassHealth has regular engagement with MCEs, and contractual requirements on reporting key information. MassHealth will use existing engagement structures to work with managed care plans on the implementation of new requirements. (Timeline: ongoing)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: The lack of data exchange systems between correctional facilities and MCEs to communicate about members' plan enrollments and allow plans to prepare for care coordination will be a challenge. <ul style="list-style-type: none"> ○ Mitigation Approach: MassHealth plans to mitigate the care coordination challenges by requiring MCEs to contract with all post-release case management providers enrolled under the new service described in Section 2.c., so that they have contractual arrangements for sharing data and exchanging information.
<p>3.d. Implement State processes to ensure care managers coordinate with providers of pre-release services and community-based providers, if they</p>	<p>Current State:</p> <ul style="list-style-type: none"> • There are no consistent practices across facilities for post-release connections with community providers. There are often challenges with creating these connections due to data-sharing challenges, and facilities having different Electronic Health Record (EHR) systems than community providers. Further, frequently community providers have

<p>are different providers. Implement a State policy to require care managers to facilitate connections to community-based providers pre-release for timely access to services upon reentry in order to provide continuity of care and seamless transitions without administratively burdening the beneficiary (e.g., identifying providers of post-release services, making appointments, having discussions with the post-release care manager, if different, to facilitate a warm handoff and continuity of services). A simple referral is not sufficient. Warm hand-offs to a post-release care manager and follow-up are expected, consistent with guidance language in the care management section.</p>	<p>not had a mechanism to be reimbursed for services during the pre-release period. Some correctional facilities have built strong partnerships with local health and behavioral health care providers to continue care provided within the correctional facility. Correctional staff frequently identify providers of post-release services and schedule post-release appointments. Some facilities currently provide some post-release services including case management.</p> <ul style="list-style-type: none"> • Correctional facility staff can refer individuals to in-reach supports in limited instances, through the BH-JI program (pre-release), and CSP-JI (post-release) to support individuals in addressing their health-related social needs and meeting the goals of their care plan, as described in Sections 2.c. and 3.b. Through these programs, individuals can develop a relationship and rapport with a navigator prior to release during the reentry process as they navigate their healthcare and health-related social need services. <p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • As described in Sections 3.a., and 3.b., MassHealth intends to require strong connections between pre- and post-release case management, and between a post-release case manager and the member's MCE if applicable. (Timeline: targeting Q2 2025) • The pre- and post-release case manager will be different in many cases and therefore the pre-release case manager and additional facility staff will work closely to support a relationship between the post-release case manager and individual, using techniques for effective warm hand-off described in Section 3.a. (Timeline: targeting Q2 2025) • MassHealth will apply lessons learned from the BH-JI and CSP-JI initiatives related to warm hand-offs between pre- and post-release case managers. This includes robust regular coordination between correctional and community providers to discuss processes of referral, data-sharing, and facilitating connections. This coordination may require MOUs between entities to ensure efficient processes for sharing assessments, and treatment plans including medication lists, post-release appointments, and discharge plans. (Timeline: ongoing) <p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: Creating data-sharing and care management coordination arrangements between facilities and post-release community providers is challenging.
--	---

	<ul style="list-style-type: none"> ○ Mitigation approach: MassHealth intends to offer Capacity Building Funds to offset the costs of setting up data-sharing and engagement relationships with community-based providers and encourage facilities to offer in-reach behavioral and physical health screenings from community providers, to minimize the care transitions, as feasible and permissible by law. ● Challenge: Members may move to regions outside of the area where they were incarcerated in the post-release period, making coordination with appropriate post-release providers in the pre-release period challenging. <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth intends to use capacity-building funds to help correctional facility partners develop the capabilities to provide enrollment support in the pre-release period. Facilities will be directed to use existing MassHealth plan choice materials and resources, to ensure that members can make informed, unbiased choices around MCEs that take into account their geographic location and post-release needs. MassHealth will ensure written guidance to select health plans is available to members in the pre-release period. Pre-release case managers will be expected to consider the member’s anticipated post-release geography when scheduling appointments in the post-release period, and when connecting with the appropriate post-release case management provider.
--	--

Milestone 4: Connecting to services available post-release to meet the needs of the reentering population.

STC 22.9(d). The state must describe how it will develop and implement a system to monitor the delivery of post-release services and ensure that such services are delivered within the appropriate timeframe. The Implementation Plan must also capture how the state will monitor and adjust, as needed, ongoing post-release case management and describe its process to help ensure the scheduling and receipt of needed services. The state must describe how it will connect demonstration beneficiaries to other services needed to address HRSN, LTSS, and other social supports as identified in the development of the person-centered care plan. Additionally, the state must describe how it will ensure that case managers are able to effectively serve demonstration beneficiaries transitioning into the community and recently released beneficiaries who are no longer demonstration beneficiaries.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
--	-------------------------

<p>4.a. Develop State systems to monitor individuals who are incarcerated and their person-centered care plans to ensure that post-release services are delivered within an appropriate time frame. We expect this generally will include a scheduled contact between the reentering individual and the care managers that occurs within one to two days post-release and a second appointment that occurs within one week of release to ensure continuity of care and seamless transition to monitor progress and care plan implementation. These short-term follow-ups should include the pre-release and post-release (if different) care managers, as possible, to ensure longer-term post-release care management is as seamless as possible. In keeping with the person-centered care plan and individual needs, CMS is providing these general time frames as suggestions but recognizes that depending on the beneficiary's individualized needs and risk factors, a care manager may determine that the first scheduled contact with the beneficiary should occur,</p>	<p>Current State:</p> <ul style="list-style-type: none"> • The Commonwealth does not currently have a specific system in place to monitor incarcerated and recently released individuals' person-centered care plans. Information on post-release service delivery is limited. Since many correctional facilities only provide pre-release services, they do not currently track this data.
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth will provide written guidance that the pre-release case management process is intended to begin as soon as possible after the member is eligible for pre-release services. (Timeline: targeting Q4 2024) • As described in the future state Sections of 3.a., 3.b., and 3.d., pre-release case managers, if different from post-release case managers, will be expected to provide a warm hand-off to the post-release case manager. MassHealth recognizes that it may be difficult for pre-release case managers to complete all components of the work at pre-determined time frames, as the ability to schedule appointments and warm linkages depends on community health and service providers' availability. MassHealth will set guidance for when, in general, aspects of the pre-release case management services are expected to be conducted. (Timeline: targeting Q4 2024) • To support the connections between pre-release case managers and post-release case managers, MassHealth will work with facilities to develop data sharing arrangements with post-release case managers and other community providers, as feasible and permissible by law. These data sharing procedures would support the identification of the individual's post-release needs. MassHealth may use capacity-building funds to help facilities set up these data sharing agreements, including with community partners that may also be able to provide in-reach appointments, as feasible and permissible by law. (Timeline: ongoing) • MassHealth intends to set guidance requiring post-release case management follow-up consistent with Appendix W (follow-up with community providers and individuals within 30 days), but strongly encouraging follow-up on a much quicker time frame, consistent with the CMS Medicaid Director Letter. (Timeline: targeting Q4 2024)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: It may be difficult for a post-release case manager to engage and maintain contact with members following release.

<p>for example, within the first 24 hours after release and on a more frequent cadence in order to advance the goals of this demonstration.</p>	<ul style="list-style-type: none"> ○ Mitigation Approach: MassHealth will mitigate this challenge by: 1) requiring pre-release case managers to collect contact information for individuals post-release to minimize the risk of disruption in services, 2) potentially use Capacity Building Funds to facilitate pre- and post-release case manager connections before release (such as with in-person or telehealth in-reach visits), as feasible and permissible by law, 3) exploring in-reach or telehealth visits with the post-release case manager to build rapport and develop a relationship prior to release, as feasible and permissible by law, 4) request for alternative contacts (such as family or significant others) if the member cannot be reached and 5) defining a first-30 day post-release case management service specific to justice-involved individuals that will meet the post-release requirements of both the Re-Entry Demonstration and the Consolidated Appropriations Act justice-involved populations component.
<p>4.b. Develop State processes to monitor and ensure ongoing care management to ensure successful transitions to the community and continuity of care post-release; to provide an assessment; monitor the person-centered care plan implementation and to adjust it, as needed; and to ensure scheduling and receipt of needed covered services.</p>	<p>Current State:</p> <ul style="list-style-type: none"> • MassHealth monitors the case management supports provided by the BH-JI program described in the current state section of Section 2.c. MassHealth conducts periodic reviews of members engaged in the service and other contract oversight, including one-on-one monthly check-ins with each individual provider, monthly trainings on special topics for case management staff, and periodic audits and site visits. Further, MassHealth engages in oversight and enforcement activities related to the CSP-JI services members receive post-release. <p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth intends to understand the results of the pre- and post-release case management, and opportunities for improvement, by leveraging reporting and claims information to obtain data about access to care. MassHealth will, among other monitoring described in Section 5.d., evaluate trends in members who had pre-release case management services, but not post-release case management services (due to opt-outs or loss of contact with the post-release case manager). MassHealth will work with relevant providers or facilities on improvement solutions. (Timeline: targeting Q4 2025) • In addition, MassHealth will work directly with case management providers to get feedback on warm handoffs and post-release case management implementation. MassHealth has existing engagement structures that will be used to collect this feedback; these structures

	<p>are described in more detail in Section 5.b. (Timeline: targeting Q4 2025)</p> <ul style="list-style-type: none"> • MassHealth will consider other methods for obtaining on-the-ground feedback, which may include leveraging similar engagement strategies as those used for BH-JI Supports and CSP-JI services, including regional coordination meetings, trainings, and justice agency coordination. (Timeline: ongoing) • Additionally, MassHealth will leverage the forums identified in Section 5.b. to solicit feedback on these activities, including from the Community Feedback Forum and the Justice Partner workgroup (both described further below). (Timeline: ongoing) • MassHealth will also monitor utilization and outcomes from these services as part of the evaluation and monitoring plan. (Timeline: ongoing) <p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: MassHealth anticipates possible challenges with having potentially multiple care transitions: one from the pre-release case manager to the 30-day post-release case manager, and then potentially a second transition to an MCE program. <ul style="list-style-type: none"> ○ Mitigation Approach: MassHealth intends to mitigate this challenge by setting up flexibility for fewer care transitions as facilities and MCEs can take on broader case management services. For instance, a facility with a strong pre-release case management service and post-release case management service may be allowed to provide both pre- and post-release case management services if they can do so in a way that meets the service requirements. In addition, if MCEs can work directly with facilities to provide case management immediately following release, allowing for just one transition between the pre-and post-release period, MassHealth and facilities will work to support those direct connections, as feasible and permissible by law. Over time, MassHealth will work to reduce the number of members who have multiple care transitions.
<p>4.c. Develop State processes to ensure that individuals who are receiving services through the Reentry Section 1115</p>	<p>Current State:</p> <ul style="list-style-type: none"> • MassHealth is currently limited in its processes to connect individuals under the Demonstration to post-release long-term services or health-related social needs (HRSN) services; two exceptions are the existing BH-JI/CSP-JI and DYS targeted case management programs in

<p>Demonstration Opportunity are connected to other services needed to address LTSS and HRSN, such as housing, employment support, and other social supports as identified in the development of the person-centered care plan.</p>	<p>which case managers frequently connect members to post-release healthcare and HRSN services and supports.</p>
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth intends for the pre-release case manager to conduct HRSN screening for the individual as part of pre-release case management service. With member consent, the completed screening will be shared with the post-release case manager. The pre-release case manager will make appointments and connections to community providers who can meet identified LTSS and HRSN; the post-release case manager will follow up on those appointments. MassHealth will require that in any warm handoff, the screening is shared (if member consent is provided), and any gaps in service connections are identified. The post-release case manager (described in Section 2.c. will be required to follow up on the services in the first 30 days. (Timeline: targeting Q2 2025) • Currently, if a member is enrolled in an MCE, they will be screened for certain HRSN and referred to services to address HRSN as appropriate once enrolled in the MCE. MassHealth will work with MCEs and facilities on the best approach to avoid unnecessary duplication of screenings; however, in some cases, an additional HRSN screening from the MCE once the member is post-release will be helpful. (Timeline: targeting Q2 2025) • MassHealth will engage with community providers who are serving high volumes of post-release members to understand their experiences connecting this population to services, and any opportunities for improved engagement. (Timeline: ongoing)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: MassHealth anticipates potential challenges with the number of community HRSN and LTSS providers and available resources not matching the identified needs in the post-release population. Other factors affect these needs as well. For instance, like many areas in the country, housing costs have risen sharply in recent years, presenting challenges for a population already experiencing barriers to housing. Per MassHealth’s approved 1115 demonstration, there may also be waitlists for accessing HRSN services for enrollees in Accountable Care Organizations (ACOs, a type of MCE). <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth will work directly with facilities to understand their community provider services and any capacity constraints they anticipate. MassHealth may provide capacity-building funding opportunities to facilities for setting up data sharing procedures with

	community providers, as feasible and permissible by law. Additionally, MassHealth will explore potential opportunities for reinvestment into HRSN supports for reentering populations to better support these members.
4.d. Implement State policies to monitor and ensure that care managers have the necessary time needed to respond effectively to individuals who are incarcerated who will likely have a high need for assistance with navigating the transition into the community.	Current State: <ul style="list-style-type: none"> MassHealth has some infrastructure in place via the BH-JI and CSP-JI programs, for monitoring case managers and/or a mechanism for ensuring case managers have appropriate time and resources to engage and respond effectively with incarcerated individuals. The BH-JI/CSP-JI meetings, as described in Section 5.b., frequently discuss issues of identifying members in need of navigation support and how to time referrals to allow for appropriate time to connect with members pre-release to ensure a warm hand-off. More policies and mechanisms will need to be developed to support the implementation of pre-release services.
	Future State: Planned Activities and Associated Timeline: <ul style="list-style-type: none"> As described in earlier sections, MassHealth intends to continue the processes for connecting high-need individuals with high-touch CSP-JI services. Additionally, MassHealth is identifying other options for less intensive, or differentially appropriate, post-release case management services, also described in Section 2.c. Multiple options for case management will help tailor care options to an individual's needs and maintain provider capacity to engage the highest-need members with additional support. (Timeline: targeting Q2 2025)
	Challenges and Mitigation Approaches: <ul style="list-style-type: none"> Challenge: It may be more difficult for an individual with a short-term stay or short turn-around between notice of release and release date to access pre-release services. <ul style="list-style-type: none"> Mitigation Approach: In guidance, MassHealth will distinguish between best practices and requirements for individuals with long-term stays and individuals with short-term stays. Pre-release case manager requirements may vary based on length of stay, the time at which the facility was informed of the release date, and other factors. If there has not been time for the pre-release case manager to conduct a meeting with the member, the post-release case manager will follow up with the individual and attempt to connect them with primary care and work with the facilities to receive any relevant data (e.g., assessments, treatment information, etc.) to improve the transition of care. In addition, if the member

	<p>is in managed care, they may be eligible for post-release care coordination services under those contracts. Additionally, as also discussed in Section 3.b., MassHealth works closely with the Commissioner of Probation as well as Parole (which is part of the Executive Office of Public Safety and Security that oversees DOC) and is identifying methods by which members with short notice of releases may be referred to services post-release if there wasn't sufficient time to provide a warm hand-off. Probation and Parole both have programs where staff ensure members are connected to appropriate healthcare and HRSN services, including the BH-JI and CSP-JI programs.</p>
--	---

Milestone 5: Ensuring cross-system collaboration.

STC 22.9(e). The state must provide an assessment that outlines how MassHealth and participating correctional systems will confirm they are ready to ensure the provision of pre-release services to eligible beneficiaries, including but not limited to how correctional facilities will facilitate access to incarcerated beneficiaries for community health care providers, including case managers, either in person or via telehealth. The state must also document its plans for establishing communication, coordination, and engagement between corrections systems, community supervision entities, health care provider and provider organizations, the Commonwealth Medicaid agency, and supported employment and supported housing organizations. The Commonwealth must also develop a system (for example, a data exchange, with requisite data-sharing agreements) and establish processes to monitor individuals' health care needs, HRSN, and their access to and receipt of health care services pre- and post-release, and identify anticipated challenges and potential solutions. Further, the Commonwealth must develop and share its strategies to improve awareness and education about Medicaid/CHIP coverage and health care access among stakeholders, including those who are incarcerated, community supervision agencies, corrections institutions, health care providers, and relevant community organizations (including community organizations serving the reentering population).

<p>5.a. Establish an assessment outlining how the State's Medicaid agency and participating correctional system/s will confirm they are</p>	<p>Current State:</p> <ul style="list-style-type: none"> Currently, there is no assessment mechanism in place for outlining how MassHealth and participating correctional systems will confirm they are ready to ensure the provision of pre-release services to eligible beneficiaries.
--	--

<p>ready to ensure the provision of pre-release services to eligible beneficiaries, including but not limited to how facilities participating in the Reentry Section 1115 Demonstration Opportunity will facilitate access within the correctional facilities for community health care providers, including care managers, in person and/or via telehealth, as appropriate. A State could phase in implementation of pre-release services based on the readiness of various participating facilities and/or systems.</p>	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> As referenced in Section 2, MassHealth will be drafting a readiness assessment tool and process, in addition to the publication of the Policy & Operations Guide, and will seek input from facilities through existing engagement forums while developing these materials. MassHealth intends to require facilities to be ready to deliver both the required minimum and the additional pre-release services before being active under the demonstration, although this may change as work with facilities moves forward. The readiness assessment will evaluate the: <ol style="list-style-type: none"> Eligibility procedures, and data transfer processes set up with MassHealth; Pre-release case management approach, including HRSN screenings; Service provision for the minimum required pre-release services and additional services as well; Process for reporting claims and pre-release service data that aligns with the processes laid out by MassHealth; and Engagement processes with post-release case management providers that facilitate a warm handoff for services. Readiness assessments will be conducted on a rolling basis. The earliest facilities are expected to go-live is around July 1, 2025, subject to readiness, which will be evaluated in Q1 and Q2 of 2025. Assessments will be reviewed on a rolling basis. (Timeline: targeting Q2 2025) MassHealth will communicate information about the Readiness Assessment process to all participating facilities and may work with a vendor to facilitate and conduct readiness assessment evaluations. MassHealth will continue several engagement processes with facilities to discuss readiness, including the Justice Partner workgroup, the first wave facility workgroup, and the correctional partner leadership call, described further in Section 5.b. (Timeline: targeting Q1 2025) <p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> Challenges: MassHealth expects that facilities will be in different stages of readiness for enrollment, billing, and case management services. This variation in current state services and processes may make the readiness process more complex. <ul style="list-style-type: none"> Mitigation: MassHealth plans to mitigate this challenge through a few avenues: <ol style="list-style-type: none"> A staged approach to implementation facility by facility, that will allow facilities implementing in subsequent waves to learn from the first wave facilities.
---	---

	<ol style="list-style-type: none"> 2. Regular engagement with facilities through several avenues, including a Justice Partner workgroup and first wave workgroup which are described in more detail in Section 5.b. 3. Targeted use of capacity-building funds to support facilities in reaching the readiness guidelines and setting up systems to lessen the workload on facilities to reach these guidelines.
--	--

<p>5.b. Develop a plan for organizational-level engagement, coordination, and communication between the corrections systems, community supervision entities, health care providers and provider organizations, State Medicaid agencies, and supported employment and supported housing agencies or organizations.</p>	<p>Current State:</p> <ul style="list-style-type: none"> • The Commonwealth's internal governance and decision-making structure as it relates to the Reentry Initiative consists of senior-level Project Managers, and Program Directors spanning the health and justice program team, strategy, and finance. In addition, this work is supported by a program Chief, legal support, and executive-level leadership. The team collaborates closely with various subject matter experts throughout MassHealth, including those who specialize in MCEs, operations-related topics, eligibility, pharmacy, clinical topics, and case management. • The finance team leads key workstreams related to finance and provides expertise related to the financing of covered services, provider payments, and capacity-building funds. The re-entry and strategy teams provide policy expertise, lead stakeholder engagement, coordinate across the agency, and drive forward information gathering for key decisions. The program Chief assists in gathering key decision points, provides crucial guidance on landing decisions, and funnels key questions to MassHealth leadership for decision-making. • MassHealth has also engaged significantly in external stakeholder engagement processes, including the following with correctional providers: <ul style="list-style-type: none"> ○ Justice Partner Workgroup: Over the past 3.5 years, MassHealth established monthly meetings for staff at all carceral agencies, including DYS, to share updates and discuss topics related to the Demonstration request and subsequent approval. MassHealth sought feedback and guidance on potential pathways to implementation and used these meetings to maintain trusted relationships. These monthly meetings have become known as the Justice Partner's Workgroup; MassHealth continues to engage this group monthly. As MassHealth moves towards implementation, the goal of this group is to maintain close partnerships and provide a forum that is focused on key updates related to planning, readiness, and first-wave sites, and collect feedback on key questions that can help shape our decision-making. ○ Weekly Correctional Partner leadership Workgroup: Since 2020, MassHealth has held weekly calls with key correctional leaders of the Massachusetts Sheriffs Association and the Massachusetts Executive Office of Public Safety and Security (EOPSS) to touch base on all matters related to the Reentry Demonstration development, request, and implementation.
--	--

	<ul style="list-style-type: none"> ○ First-wave facility workgroup: MassHealth convenes a stakeholder workgroup with facilities that have been identified as potential participants for the first wave of implementation to share updates, collaborate with key correctional stakeholders as thought partners, and collect feedback on implementation strategies. These meetings are virtual sessions that are focused on discussing best practices identified by facilities and potential challenges in upcoming implementation, and that allow MassHealth to identify system and process changes required to support reentry. MassHealth plans to continue these meetings while organizing additional convenings with sub-groups of subject matter experts who can provide targeted feedback in certain areas, such as clinical, finance, and eligibility processes. • Additionally, MassHealth has developed strong working relationships with correctional facilities across the Commonwealth via regular engagement, presentations, one-on-one meetings, and group feedback opportunities. MassHealth conducts site visits to facilities regularly to learn about facility protocols, practices, and processes to ensure the Demonstration implementation is feasible and impactful. During these site visits, MassHealth and consulting staff often spoke with individuals who were currently incarcerated to discuss their experience with MassHealth and the reentry process to inform the development of Demonstration policies. • MassHealth also has engaged with correctional providers in our BH-JI and CSP-JI programs and has convened regular implementation meetings with partners on the BH-JI initiative since 2019. BH-JI Statewide meetings launched in 2021 with stakeholders including new providers, the statewide justice partners, and county correctional facilities. Of note, each county correctional facility has participated in the BH-JI initiative. • MassHealth and consultants frequently meet with the BH-JI providers, including monthly check-ins, site visits, and ad hoc meetings. These meetings are very useful in addressing issues around correctional facility clearance, staffing needs, provision of pre- and post-case management supports, and many other topics. These meetings helpfully include BH-JI and/or CSP-JI providers who are working directly with the members and frequently embedded within correctional facilities and courts. <p>Through meetings with BH-JI stakeholders, MassHealth has engaged with members as appropriate, asking about their experience with the program and any issues that would better support transitions to the community.</p>
--	---

	<ul style="list-style-type: none">• To note, MassHealth also is part of a national re-entry learning collaborative (NASHP/HARP State Reentry Learning Collaborative) bringing together states whose 1115 waiver Reentry Demonstration requests have been approved or are pending. The Learning Collaborative will provide MassHealth with opportunities including:<ul style="list-style-type: none">○ Engaging with subject matter experts on a national, state, and local level.○ Receiving both tools and resources to support policy and implementation.○ Receiving tailored technical assistance (TA), a strategic work plan, bi-monthly calls to raise emerging TA needs, and introductions to external experts when needed, all to ensure a smooth and successful implementation of the Demonstration.○ Developing relationships with community-based organizations to ensure HRSN are being met for individuals to transition back into the community.
--	--

	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth plans to continue all current engagements and expand the current workgroup session for potential first-wave sites to other facilities as they are ready. In addition, MassHealth plans to work on a one-on-one basis with facilities as needed to facilitate readiness. (Timeline: ongoing) • In addition, MassHealth plans to launch the Community Feedback Forum, a procured group that will consist of approximately 13 individuals who will advise the Executive Office of Health and Human Services (EOHHS) on the implementation of pre-release coverage for incarcerated MassHealth members as outlined in the 1115 Demonstration. MassHealth seeks to ensure that the Forum includes people with lived experience in Massachusetts carceral facilities or family members or guardians of those with such lived experience. EOHHS will present policy matters to the Community Feedback Forum and seek feedback from the group. MassHealth is currently reviewing nominations for this Forum, intending to convene the group later in 2024. (Timeline: ongoing) • MassHealth will explore additional avenues for engaging other stakeholders including members with lived experience with the justice system, legal advocates, community-based providers, community providers, managed care entities, and other groups. (Timeline: ongoing)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenges: This is a complex, multi-stakeholder engagement process, and there will be challenges in coordinating feedback from multiple partners and being able to engage partners on the implementation timeline. <ul style="list-style-type: none"> ○ Mitigation approach: MassHealth plans to mitigate these challenges through continued and increased engagement with correctional facilities and other partners, and by having the internal staff or vendor capacity to engage individually with facilities as needed for scheduling or coordination purposes. MassHealth also plans to have a rolling process for implementation, and to engage in stages with facilities on their current state process and readiness, to mitigate some of the coordination challenges. The implementation planning process may include one-on-one technical assistance and discussions with each correctional agency to identify community provider engagement strategies and next steps.

<p>5.c. Develop strategies to improve awareness and education about Medicaid coverage and health care access among various stakeholders, including individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers, and relevant community organizations (including community organizations serving the reentering population).</p>	<p>Current State:</p> <ul style="list-style-type: none"> • The BH-JI/CSP-JI programs and stakeholder opportunities described in Section 5.b. have been beneficial venues to discuss education on Medicaid coverage and health care access. We have used these meeting series to discuss new services, such as the Community Based Health Centers. • Additionally, all correctional facilities have Certified Application Counselors who received about 40 hours of training to support members with applying for or renewing MassHealth coverage, and/or selecting a post-release MCE.
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> • MassHealth intends to develop guidance on approaches to reentry. MassHealth will release a Policy & Operations Guide that will include information on communication with eligible individuals. (Timeline: targeting Q4 2024) • MassHealth intends to update Managed Care Entity contracts, as needed. (Timeline: targeting Q3 2025) • MassHealth will develop Provider and/or Managed Care Entity Bulletins, as needed. (Timeline: targeting Q2 2025) • MassHealth will communicate about Medicaid coverage through existing stakeholder engagement (see 5.b.) (Timeline: ongoing) • MassHealth plans to leverage other communication avenues to improve awareness and education on these topics, including MassHealth’s website, press releases, and virtual training or webinars. (Timeline: ongoing)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> • Challenge: Medicaid service provision, provider enrollment, and billing are complex, and may be new to some facility staff who have not been involved in these aspects. <ul style="list-style-type: none"> ○ Mitigation Approach: MassHealth will develop and release a comprehensive Policy & Operations Guide to provide details on eligibility, care models, and reporting and billing, and provide summarized information in the engagement structures set up with facilities described above. MassHealth will bring key Medicaid policy experts from across the agency to speak directly to facilities in these forums. In addition, MassHealth and/or consultants will be

	available to work directly with facilities on answering questions on Medicaid and facilitating readiness.
<p>5.d. Develop systems or establish processes to monitor the health care needs and HRSN of individuals who are exiting carceral settings, as well as the services they received pre-release and the care they received post-release. This includes identifying any anticipated data challenges and potential solutions, articulating the details of the data exchanges, and executing related data-sharing agreements to facilitate monitoring of the demonstration, as described below.</p>	<p>Current State:</p> <ul style="list-style-type: none"> MassHealth does not have systems or processes for monitoring the services received by individuals in facilities, or for monitoring the health care needs and HRSN of these individuals.
	<p>Future State: Planned Activities and Associated Timeline:</p> <ul style="list-style-type: none"> MassHealth will establish a process to track the healthcare needs and HRSN of members post-release. MassHealth will submit a Monitoring Protocol to CMS and submit monitoring reports required under the waiver. (Timeline: ongoing) MassHealth will work with facilities and provider partners on designing and implementing processes to monitor care. Some of these processes are described in (4b). (Timeline: targeting Q2 2026) MassHealth plans to set up a system of reporting and claiming that will enable MassHealth to track some of the implementation measurement reporting from the same tool that is used by facilities to report services used for claiming. (Timeline: targeting Q4 2024) MassHealth also anticipates on-site visits and one-on-one sessions will continue after the Readiness Assessment and be part of ongoing monitoring processes. As part of the Policy & Operations Guide, MassHealth will identify an approach for continued assessments after launch, and a policy around corrective action plans if deficiencies are identified. (Timeline: ongoing) Lastly, as required by CMS, MassHealth will contract with an independent entity to, per STC 16.6 “conduct a mid-point assessment of the reentry demonstration initiative and complete a Reentry Demonstration Initiative Mid-Point Assessment Report.” (Timeline: ongoing)
	<p>Challenges and Mitigation Approaches:</p> <ul style="list-style-type: none"> Challenges: Monitoring the uptake of services requires facilities to provide detailed information on identified HRSN needs of members. This will be a new process for many facilities. <ul style="list-style-type: none"> Mitigation approach: MassHealth intends to set up a clear and streamlined reporting process to gather the information needed for monitoring. MassHealth will release detailed

	written guidance and will provide several options for training for facilities in the reporting tool.
--	--

¹ “MA 1115 Waiver Amendment Approval.” Available at <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ma-masshealth-ca-04192024.pdf>.

² “MassHealth Medicaid and Children’s Health Insurance Program (CHIP) Section 1115 Demonstration: Special Terms and Conditions 11-W-00030/1 and 21-W-00071/1” Amended April 19th, 2024. Available at <https://www.mass.gov/doc/masshealth-amendment-stcs-4-19-24-0/download>

³ SMD# 230-3, “Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who are Incarcerated,” April 17, 2023. Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>.

⁴ “PUBLIC LAW 117–328,” December 29th, 2022. Available at <https://www.congress.gov/117/plaws/publ328/PLAW-117publ328.pdf>.

⁵ FY 2015 Final Budget. Available at <https://malegislature.gov/Budget/FY2015/FinalBudget>.